MONTANA TRAUMA FACILITY RESOURCE CRITERIA

Montana Department of Public Health and Human Services
EMS and Trauma Systems Section

Note: Occasional variances from these standards may occur.
These should be reviewed as part of the hospital's trauma performance improvement process.

The following table shows levels of trauma facility designation and their essential "E" or desirable "D" characteristics

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
FACILITY ORGANIZATION				
Facility				
Demonstrated institutional commitment / resolution by the hospital Board of Directors and Medical Staff within the last three years to maintain the human and physical resources to optimize trauma patient care provided at the facility.	E	E	E	E
Participation in the statewide trauma system including participation in Regional Trauma Advisory Committee; support of regional and state performance improvement programs; and submission of data to the Montana State Trauma Registry.	E	E	E	E
Trauma Service				
A clinical service recognized in the medical staff structure that has the responsibility for the oversight of the care of the trauma patient. Specific delineation or credentialing of privileges for the medical staff on the Trauma Service must occur.	E	D		
Trauma Program				
Multidisciplinary program that coordinates trauma-related activities including performance/performance improvement for trauma patients, educational programs for providers of trauma care, injury prevention, and public education.	E	E	E	E
Trauma Team				
A team of care providers to provide initial evaluation, resuscitation and treatment for all injured patients meeting trauma system triage criteria. The members of the team must be identified and have written roles and responsibilities.	E	E	E	E
The trauma team is organized and directed by a general surgeon with demonstrated competence in trauma care who assumes responsibility for coordination of overall care of the trauma patient.	E	E	E[1]	
The trauma team is organized and directed by a physician, physician assistant, or nurse practitioner with demonstrated competency in trauma care and is responsible for the overall provision of care for the trauma patient from resuscitation through discharge.				E
Written trauma system triage criteria must be present and a method to activate the trauma team must exist.	E	E	E	E
The Community Trauma Facility must have a trauma team plan for when the general surgeon is available and a second schema for when the general surgeon is not available.			E	

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
Trauma Medical Director				
Board-certified or board eligible surgeon (usually general surgery) with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, recommending trauma service privileges, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.	E			
Physician board-certified or board eligible in Surgery or Emergency Medicine with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, recommending trauma service privileges, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.		E		
Physician board-certified or board eligible in a recognized specialty; with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.			E[9]	
Physician, nurse practitioner, or physician assistant with a special interest in trauma care who leads the multidisciplinary activities of the trauma program. The trauma director should have the authority to affect all aspects of trauma care including oversight of clinical trauma patient care, development of treatment protocols, coordinating performance improvement, correcting deficiencies in trauma care, and verification of continuing trauma education.				E[9]
Completion of an ATLS course with preference for current verification and encouragement to be an ATLS instructor.	E	E	E	D
Trauma Coordinator				
A full-time dedicated registered nurse working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include clinical oversight, trauma education and prevention, performance improvement, supervision of the trauma registry, consultation/liaison and involvement in community, regional and the state trauma system.	E			

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
A registered nurse working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include clinical care and oversight, trauma education and prevention, performance improvement, trauma registry, and involvement in community and regional trauma system. There must be dedicated hours for this position.		E	E	
A registered nurse or alternately a qualified allied health personnel working in concert with the trauma director, with responsibility for organization of services and systems necessary for a multidisciplinary approach to care for the injured. Activities include clinical care and oversight, trauma education and prevention, quality/performance improvement, trauma registry and involvement in community and regional trauma system. There must be dedicated hours for this position.				E
Trauma Committee				
Trauma Program Performance functions with a multidisciplinary committee of all trauma related services to assess and correct global trauma program process issues. This committee meets regularly, takes attendance, has minutes, and works to correct overall program deficiencies to optimize trauma patient care.	E	E	E	E
Trauma Peer Review functions with a multidisciplinary committee of medical disciplines involved in caring for trauma patients to perform peer review for issues such as response times, appropriateness and timeliness of care, and evaluation of care priorities. This committee under the aegis of performance improvement meets regularly, takes attendance, has minutes, and documents how patient care problems will be avoided in the future.	E	E	E	E
Diversion Policy				
A written policy and procedure to divert patients to another designated trauma care service when the facility's resources are temporarily unavailable for optimal trauma patient care.	E	E	D	D
Interfacility Transfer				
Interfacility transfer guidelines and agreements consistent with the scope of the trauma service practice available at the facility.	E	E	E	E
Disaster Preparedness				
There is a written disaster plan that is updated routinely	E	E	E	E
The facility participates in community disaster drills.	E	E	E	E
FACILITY DEPARTMENTS / DIVISIONS / SECTIONS				
Surgery	E	E	E	
Neurosurgical Surgery	E	D		
Neurosurgical Trauma Liaison	E	D		
Orthopedic Surgery	E	E	D	
Orthopedic Trauma Liaison	E	D	D	
Emergency Medicine	E	D	D	
Emergency Medicine Trauma Liaison	E	E	D	
Anesthesia	E	D	D	

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
CLINICAL CAPABILITIES				
Published On-Call Schedule	E[2]	E[2]	E[2]	D
General surgery	E	E	E	
Published back-up schedule	E	D		
Dedicated to single hospital when on call	E	D		
Anesthesia	E	E	E	
Emergency Medicine	E	E	E[11]	E[11]
On-call and Promptly Available				
General / Trauma Surgeon	E[3]	E[4]	E[4]	
Anesthesia – MD or CRNA	E[5]	E[5]	E[5]	
Cardiac surgery	D			
Critical care medicine	E	D	D	
Hand surgery	E	D		
Microvascular/replant surgery	D			
Neurologic surgery	E	D		
Dedicated to one hospital or backup call	E	D		
Obstetric / Gynecologic surgery	E	D	D	
Ophthalmic surgery	E	D		
Oral / maxillofacial surgery	E	D		
Orthopaedic surgery	E	E	D	
Plastic surgery	E	D		
Pediatrics	E	D		
Radiology	E	E	D	
Thoracic surgery	E			
Urologic surgery	E	D		
Vascular surgery	E			
CLINICAL QUALIFICATIONS				
General / Trauma Surgeon				
Full, unrestricted general surgery privileges	E	E	E	
Board-certified or board eligible	E[9]	E[9]	D[9]	
ATLS course completion	E[10]	E[10]	E[10]	
Trauma Education: 10 hours of trauma-related CME annually.	E[6]	E[6, 7]	D[6, 7]	
Attendance of the general surgeons at a minimum of 50% multidisciplinary peer review committee meetings.	E	E	D	
Plan in place to notify transferring facilities that the surgeon is not available to the community			E	
Emergency Medicine				
Physicians are board-certified or board eligible	E[9]	E[9]	D[9]	
Emergency Department covered by medical providers qualified to care for patients with traumatic injuries who can initiate resuscitative measures.		E	E	D
Trauma education for physicians, physician assistant, or nurse practitioner providing Emergency Department coverage: 10 hours of trauma-related CME annually.	E[6]	E[6, 7]	E[6, 7]	D[6, 7]
ATLS course completion	E[10]	E[10]	E[10]	E[10]
Attendance of an emergency physician representative at a minimum	E	E	E	D

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
of 50% multidisciplinary peer review committee meetings				
Neurologic Surgery				
Board-certified or board-eligible	E[9]	D[9]		
ATLS course completion	D	D		
Trauma Education: 10 hours of trauma-related CME annually.	E[6]	D[6,]		
Attendance of a neurosurgery representative at a minimum of 50% multidisciplinary peer review committee meetings.	E	D		
Orthopedic Surgery				
Board certified or board eligible	E[9]	E9		
ATLS course completion	D	D	D	
Trauma Education: 10 hours of trauma-related CME annually.	E[6]	D[6,]	D[6]	
Attendance of an orthopedic surgery representative at a minimum of 50% multidisciplinary peer review committee meetings.	E	D	D	
FACILITIES / RESOURCES / CAPABILITIES				
Emergency Department				
Personnel:				
Designated physician director	E	E	E	D
Emergency Department coverage by in-house emergency physician	E	E		
Emergency Department coverage by in-house physician, physician assistant, or nurse practitioner			D	
Emergency Department coverage may be physician, physician assistant, or nurse practitioner on-call and promptly available			E[2]	E[2]
Emergency Department staffing shall ensure nursing coverage for immediate care of the trauma patient	E	E	E	D
Trauma nursing education: 8 hours of trauma-related education annually	E	D	D	D
Nursing personnel to provide continual monitoring of the trauma patient from hospital arrival to disposition to ICU, OR, floor or transfer to another facility	E	E	E	E
***Equipment for resuscitation for patients of* ALL AGES**				
Airway control and ventilation equipment including laryngoscope and endotracheal tubes, bag-mask resuscitator and oxygen source	E	E	E	E
Pulse oximetry	E	E	E	D
Suction devices	E	E	E	E
Qualitative end-tidal CO2 determination	E	E	E	D
Electrocardiograph, oscilloscope, defibrillator	E	E	E	D
Internal paddles	E	E		
CVP monitoring equipment	E	E	D	
Standard IV fluids and administration sets	E	E	E	E
Large bore intravenous catheters	E	E	E	E
Sterile surgical sets for:				
Airway control/cricothyrotomy	E	E	E	E
Thoracostomy (chest tube insertion)	E	E	E	E
Venous cutdown	E	E	D	
Central line insertion	E	E	D	
Thoracotomy	E	E		

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
Peritoneal lavage	E	E	D	
Arterial Catheters	E	D	D	
Ultrasound	D	D	D	
Drugs necessary for emergency care	E	E	E	E
Cervical traction devices	E	E	D	D
Broselow Tape	E	E	E	E
Thermal control equipment:				
Blood and fluids	E	E	D	D
Patient	E	E	E	E
Rapid infuser system	E	E	D	
Communication with EMS vehicles	E	E	E	E
Operating Room				
Personnel				
Adequately staffed and available in a timely fashion 24 hours / day	E[8]	E[8]	D[8]	
Age-specific Equipment				
Cardiopulmonary bypass	D			
Operating microscope	D	D		
Thermal control equipment:				
Blood and fluids	E	E	E	
Patient	E	E	E	
X-ray capability, including c-arm image intensifier	E	E	E	
Endoscopes, bronchoscopes	E	E	D	
Craniotomy instruments	E	D		
Equipment for long bone and pelvic fixation	E	E	D	
Rapid infuser system	E	E	D	
Postanesthetic Recovery Room *(ICU is acceptable)*				
Registered nurses available 24 hours / day	E	E	D	
Equipment for monitoring and resuscitation	E	E	E	
Intracranial pressure monitoring equipment	E			
Pulse oximetry	E	E	E	
Thermal control	E	E	E	
Intensive or Critical Care Unit for Injured Patients				
Registered nurses with 8 hours trauma education annually	E	D	D	
Designated surgical director or surgical co-director	E	E		
ICU service physician in-house 24 hours / day	D	D		
Equipment for monitoring and resuscitation	E	E		
Intracranial monitoring equipment	E			
Pulmonary artery monitoring equipment	E	E		
Respiratory Therapy Services				
Available in-house 24 hours / day	E	D	D	
On-call 24 hours / day		E	E	
Radiological Services (Available 24 hours / day)				
In-house radiology technologist	E	D	D	
Radiology technologist available on-call 24 hours / day		E	E	
Angiography	E	D		

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
Sonography	E	E	D	
Computed Tomography	E	E	D	
In-house CT technician	D			
Magnetic Resonance Imaging	D	D		
Clinical Laboratory Service (Available 24 hours / day)				
Standard analysis of blood, urine, and other body fluids, including microsampling when appropriate	E	E	E	D
Blood typing and cross-matching	E	E	E	
Coagulation Studies	E	E	E	
Comprehensive blood bank or access to a community central blood bank and adequate storage facilities	E	E	E	
Massive Transfusion Policy (clinical and laboratory)	E	E	E	
Blood gases and pH determinations	E	E	E	
Microbiology	E	E	E	
Acute Hemodialysis				
In-house or transfer agreement with Regional Trauma Center	E	E	E	D
Burn Care – Organized				
In-house or transfer agreement with Burn Center	E	E	E	D
Acute Spinal Cord Management				
In-house or transfer agreement with Regional Trauma Center	E	E	E	D
Rehabilitation Services				
Transfer agreement to an approved inpatient rehabilitation facility	E	D	D	
Physical Therapy	E	E	D	D
Occupational Therapy	E	D	D	
Speech Therapy	E	D	D	
Social Services	E	E	D	D
PERFORMANCE IMPROVEMENT				
Performance improvement program for trauma patients.	E	E	E	E
Participation in the state Trauma Registry	E	E	E	E
Audit of all trauma deaths	E	E	E	E
Medical staff trauma care peer review	E	E	E	D
Medical nursing audit	E	E	E	E
Review of prehospital trauma care	E	E	E	E
Annual trauma conference - multidisciplinary	E	E	D	D
CONTINUING EDUCATION / OUTREACH				
Trauma education provided by hospital for:				
Physician,	E	D	D	
Nurses	E	E	D	
Allied health personnel	E	E	D	
Prehospital personnel provision / participation	E	E	D	
PREVENTION				
Designated prevention coordinator – spokesperson for injury control	E	D		
Outreach activities	E	D	D	

TRAUMA FACILITY CRITERIA	LEVELS			
	Regional Trauma Center	**Area Trauma Hospital**	**Community Trauma Facility**	**Trauma Receiving Facility**
Monitor progress / effect of prevention program	D	D	D	
Information resources for public	E	D	D	D
Collaboration with existing national, regional and state programs	E	D	D	D
Coordination and / or participation in community prevention activities	E	E	D	D
Collaboration with other institutions	D	D	D	D

1 The community trauma hospital must have a trauma team plan for when the general surgeon is available and a second schema for when the general surgeon is not available.

2 A system must be developed to assure early notification of the on-call physician, Physician Assistant, or Nurse Practitioner so that he/she can be present at the time of trauma patient arrival in the Emergency Department. The facility's trauma performance improvement process must track this through documentation of notification and response times. The Department, through site surveys, will monitor this performance category.

3 The general surgeon is expected to be present in the ED upon patient arrival in all patients meeting the hospital specific guidelines for defining a major resuscitation when given sufficient advance notification from the field OR within 20 minutes of notification. The Department, through site surveys, will monitor this performance category.

4 Each designated facility will develop processes to assure that the general surgeon on-call for trauma will be notified in a timely manner of an impending trauma patient arrival and that the surgeon will be present to direct the trauma team through the initial resuscitation. The general surgeon on-call must be able to respond promptly OR within 30 minutes of notification. The facility's trauma performance improvement process will monitor each surgeon's response times and document these times on the trauma flow sheet. The Department, through site surveys, will monitor this performance category.

5 Local criteria must be established for Anesthesiologists or CRNA to be rapidly available for airway emergencies and operative management. The availability of the Anesthesiologist or CRNA and the absence of delays in airway control and/or operative anesthesia management must be documented in the hospital performance/performance improvement process. The Department, through site surveys, will monitor this performance category.

6 Trauma continuing education is required to be approved by a regulating authority. Trauma continuing education can be obtained in a variety of ways such as attendance at attending facility trauma peer review meetings that provide education. Over a three-year period, 1/3 of the continuing medical education to be should be obtained outside of ones own institution and/or by educators from outside the institution.

7 Maintenance of current ATLS verification or course completion is recommended and may replace the trauma related continuing education requirement.

8 Each designated facility will develop performance improvement processes to assure the operating room is available and on-call operating room staff are notified and respond in a timely manner for emergent surgical procedures.

9 Alternate criteria for board certification is the physician must have completed an approved residency program, be licensed to practice medicine, be approved by the hospital credentialing committee, and have experience caring for trauma patients which must be followed in the quality / performance improvement program.

10 All physicians, physician assistants, and nurse practitioners providing emergency trauma care are expected to have completed an ATLS student course. Current ATLS verification or course completion is recommended for all physicians, physician assistants, and nurse practitioners who work in the emergency department and are boarded in a specialty other than emergency medicine.

11 Emergency Department coverage may be physician, Physician Assistant, or Nurse Practitioner on-call and promptly available.

10/2/2007